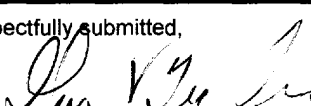
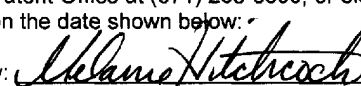


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Clark et al.	Group No: 3771
Application No: 09/414,384	Examiner: Dixon, Annette Fredricka
Confirmation No. 3236	Attorney Docket No: NK.0037.00 [53235-US-CNT]
Filed: October 7, 1999	
Title: FLOW RESISTANCE MODULATED AEROSOLIZED ACTIVE AGENT DELIVERY	July 1, 2009 San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time	
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Via EFS	Extension (Months)	Extension Fee
		Large Entity Small Entity
<input checked="" type="checkbox"/> Response to Final Office Action	<input type="checkbox"/> One Month	\$130.00 \$65.00
<input type="checkbox"/> Comments on Statement of Reasons for Allowance	<input type="checkbox"/> Two Months	\$490.00 \$245.00
<input type="checkbox"/> Notice of Appeal (form PTO/SB31)	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
<input type="checkbox"/> Drawings	Total \$ 0.00	
<input type="checkbox"/> Supplemental Information Disclosure Statement	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
<input type="checkbox"/> PTO-SB08 Form		
<input type="checkbox"/> Citations		
<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Postcard for Return		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	16	36	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims	0	0	0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below:		Respectfully submitted,  By: <u>Guy V. Tucker</u> Date: <u>July 1, 2009</u> Registration No. 45,302	
By:  Melanie Hitchcock			